U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only	
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E READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.
1. File Number U - 5.5	2. Fiscal Year Covered From:
	1 / 1 / Zooy Through: [12 / 31 / Zooy
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Charles L Roberts	Name Iron workers local union 51
	Labor Organization File Number OZZ- 156
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 851 PIERCE Butler Rt	Street 851 PIFRCE BL+1=2 Rt.
City 5+. PAL1	City St. Paul
State WN. ZIP Code + 4 55 164 - 1639	State Mn. ZIP Code + 4 55 16 4 ~ 16
5. Position in labor organization. Executive Boa	RD Membre
 A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat 	derived income or other economic benefit of ion represents or is actively seeking to represent.
monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any).	ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
	1
Sigi	nature

Date

Telephone Number

Name of Person Filing Charles L Robert	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Twin City Ironworkors Approxice; Thang Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500 Street 300 METRO DR'VE City Blooming ton State My ZIP Code + 4 55725-1412	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	PROVIDES Apprentice Training and Durneyman upgrade services			
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. # 300.000 12.a. Nature of interest held or income received. PECEPTICE and Dinnez Provided in connection with attendance at Apprentice Graduation (erremenies on 40/29/04 in 5+ Pan MN.			
	12.b. Amount. 52.00			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			